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Summary of mid-term reviews and major evaluations of country programmes

Middle East and North Africa region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 2000.

Introduction

1. Of the 15 UNICEF-assisted programmes of cooperation in the Middle East and North Africa (MENA) region, two conducted major evaluation exercises in 2000: the Jordan country programme, which had a mid-term review (MTR); and the Iraq country programme, which carried out a review of the past decade of UNICEF cooperation. This report examines these two reviews, as well as a number of evaluations that took place in 2000.

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Country mid-term reviews

Jordan

2. Planning for the Jordan MTR began in June 2000. The process included research and studies to update the situation analysis; a training course in communication which equipped counterparts and UNICEF staff to assess communication strategies; an external evaluation of the better parenting project; and a series of intensive participatory assessments of each project, which was led by an external facilitator. Representatives from government bodies, non-governmental organizations (NGOs) and United Nations agencies took part in these assessments. The formal MTR meeting on 17 October, chaired by the Minister of Planning, reviewed and adopted the outcomes of the MTR process. Participating in the MTR meeting were representatives from government bodies, NGOs, civil society organizations, youth groups, United Nations agencies and embassies. Two weeks before the MTR, the UNICEF office also conducted a separate, internal mid-term management review. Both headquarters and the regional office provided technical support during the MTR process.

3. **The situation of children and women.** Jordan is a middle-income country, with a population of 5 million (according to government statistics), and an estimated gross national product per capita of $1,500. The country is heavily indebted, and the recent crisis in the West Bank and Gaza has affected the economy. In 1999, King Hussein, the architect of present-day Jordan, passed away after 46 years of rule, leaving the throne to his eldest son, King Abdullah II.

4. Social gains have been impressive, and the situation of children and women continues to improve. The 1999 Jordan Annual Fertility Survey showed the infant mortality rate (IMR) and under-five mortality rate (U5MR) to be 26 and 33 per 1,000 live births, respectively, down from 31 and 37 per 1,000 in 1994 (Jordan Living Conditions Survey). The maternal mortality ratio is 41 per 100,000 live births, and trained health personnel attend 97 per cent of births. Immunization coverage is over 90 per cent (1999). Jordan has been polio free since 1994. Malnutrition rates are among the lowest in the region: 5 per cent of children under five are underweight and 8 per cent show stunting. There are no gender disparities in basic education: primary school net enrolment rates are 86 per cent for both girls and boys. A higher proportion of girls (54 per cent) are enrolled in intermediate school than boys (52 per cent). About 81 per cent of women are literate, compared to 93 per cent of men.

5. Some goals are yet to be achieved, however, and disparities remain. Anaemia affects 29 per cent of women of reproductive age. In 2000, goitre affected 33 per cent of children age 8 to 11 (although this has decreased from 38 per cent in 1994). Vitamin A deficiency has been identified in some disadvantaged areas. IMR and U5MR are much higher in the south of the country (43 and 51 per 1,000 live births, respectively). The country remains at risk of polio virus from neighbouring countries. Child labour is seriously underreported, particularly for girls, for whom there are almost no statistics. Services for children with special needs are insufficient. Government records show that over 80 per cent of reported cases of sexual violence are against children below the age of 18.

6. Government and UNICEF-supported national-level surveys over the 1996-2000 period illustrate the situation of adolescents and women in the country. One third of adolescents were ignorant of, or incorrectly informed about, sexually transmitted diseases. In the 13- 15-year age group, 25 per cent of boys and 15 per cent of girls experimented with smoking. Girls have fewer opportunities for socializing and have less access to information than boys: 3 per cent of adolescent girls belong to youth clubs, compared to 11 per cent of boys. Females account for only 19 per cent of those enrolled in vocational apprenticeship courses. Fifty-five per cent of adolescents believe that girls should be married before the age of 20; and 56 per cent of ever-married females had married before reaching their twentieth birthday. Fifty-seven per cent of young men do not accept female participation in public life, and 20 per cent do not want women to vote. Some 46 per cent of women cannot see a doctor unaccompanied.

7. Sustaining the gains that have been made for children and women will depend on peace and stability in the region, because of Jordan's proximity to crisis areas, and on continued foreign assistance. The Government is committed to implementing the Convention on the Rights of the Child, and has established several institutions and mechanisms to this end. Jordan submitted its second reports on the implementation of the Convention on the Rights of the Child and on the Convention on the Elimination of All Forms of Discrimination against Women in 1998 and 1999, respectively.

8. The United Nations Development Programme, United Nations Population Fund (UNFPA) and UNICEF have harmonized their programme cycles. A United Nations Development Assistance Framework has not yet been developed, but a Common Country Assessment began in 2000.

9. **Achievements.** Effective UNICEF advocacy led to the creation of several partnerships over the past three years in support of children's and women's rights. The country programme has also contributed to developing and establishing systems and tools in new areas linked to child rights. The patronage of the Royal Family has helped to raise public awareness and lent prominence to UNICEF initiatives on youth empowerment, combating smoking, early childhood development, childhood disability and combating child abuse.

10. The child rights programme helped to strengthen institutional capacity to implement and monitor the two Conventions. Among its contributions were: the incorporation of the two Conventions in the human rights courses of the University of Jordan, Ahliya University and Mutah University; compulsory human rights courses for all law school students in Mutah University; the training of some 550 governmental and non-governmental partners on child rights and women's rights; and technical support in the preparation of reports on the two Conventions. A good start has been made in setting up systems to address the issue of domestic violence and abuse. These include the establishment of three centres for abused children and women, which provide case investigation and family counselling; the development of a training kit; and training in detection and counselling of child abuse cases.

11. The maternal and child health (MCH) programme contributed to sustaining high immunization coverage through support to the Government's expanded programme on immunization (EPI) and to National Immunization Days (NIDs). Advocacy and a study on the haemophilus influenza B vaccine led to its introduction in EPI. Interventions to improve the quality of primary health care (PHC) services

include: the training of 400 health workers; the introduction of the Integrated Management of Childhood Illness (IMCI) initiative; and the integration of PHC concepts into the medical and nursing curricula of the country's two major universities. UNICEF also supported the development of a management information system (MIS) for 12 pilot health centres. The five health centres now starting to use the MIS serve some 570,000 women and children.

12. In the micronutrient project, UNICEF supported the development and establishment of a monthly monitoring system for salt iodization. Salt manufacturers were trained on specifications for the correct iodization of salt. UNICEF also supported a study on consumer preferences regarding iron-fortified bread and, subsequently, the development of a national plan for the fortification of flour with iron. Jordan is now in the final stage of procuring the necessary feeders and pre-mix fortificants, and once these are received, fortification should begin.

13. UNICEF has also contributed to developing systems and models for addressing childhood disability. In collaboration with a leading university and the Ministry of Health, UNICEF supported the development of a standard case management manual on the early detection of childhood disabilities. This will provide a system to be applied in all health centres monitoring the growth and development of children. Effective models for community-based rehabilitation are being provided by the community empowerment programme (see below). The UNICEF-supported study on institutions working with disabled children in Jordan will be useful for all partners planning interventions in this area.

14. In the healthy life skills project, research and studies added to the knowledge base on youth and adolescents. These included a national survey on the knowledge, attitude and practices (KAP) of couples of reproductive age, a survey on youth and tobacco, a KAP study on smoking among Jordanian youth, and a study on tobacco-related legislation in Jordan. A Future Search Conference for Youth and a Youth Forum helped to identify priority areas for action. Some 180 youth from across the country came together to develop projects on issues relevant to Jordanian youth. A core team of facilitators to work with youth has been identified and trained. Close collaboration was maintained with UNFPA for this project. A joint steering committee, which includes a youth advisory group, was formed to guide the projects of both agencies.

15. The education programme contributed to developing national criteria for a positive learning environment in schools. A baseline assessment of the learning environment was carried out in 9 pilot schools. Initiatives to promote better parenting and early childhood development (ECD) have gained impetus from working with the National ECD Team and other ECD partners across the country. Through a network of nine partners, a core team of master trainers, and the use of effective communication material, the better parenting project has reached some 13,300 parents with information on parenting skills. UNICEF also contributed to the national ECD strategy, expected to be endorsed in 2001.

16. The community empowerment programme worked in four governorates to establish models for organizing and mobilizing communities at grass-roots level, covering a total of 90,000 people in 3 rural and 3 urban areas. An evaluation showed that communities previously dependent on individual relief assistance had become well organized, especially the women, and were active in planning and implementing a range of activities. Care has been taken to ensure equal male-female

representation in all community-based structures. To date, the project has supported interventions to improve early childhood care and to promote safe play and recreation for children; livelihood training and health education for communities; legal and social counselling for women; and community-based rehabilitation for the disabled. At the national level, coordination mechanisms are being established with other partners working in similar programmes.

17. Constraints. Prevailing attitudes and ingrained habits have constrained efforts to raise awareness on a number of issues, including violence against children and women. In the better parenting project, UNICEF efforts to include fathers in parental education sessions have been only partially successful. Monitoring the enforcement of legislation on salt iodization is difficult: non-iodized salt, originally produced for uses other than household consumption, is sold more cheaply. Views persist that iodized salt affects the quality of certain food products such as pickles. The project to promote a positive learning environment in schools encountered resistance from some teachers who are reluctant to accept the findings of the assessment on learning environment. More advocacy will be needed to have this initiative adopted on a wider scale.

18. Other constraints are linked to capacities and procedural issues. The project on human rights courses in universities is constrained by the paucity of reading material in Arabic and by the scarcity of staff qualified to teach the subject. The Baby-Friendly Hospital Initiative was hindered by the high turnover of hospital staff and subsequent need for retraining; by the lack of sufficient trainers; and by delays in monitoring and certifying procedures. The MIS project has been constrained by the limited technical capacity of health staff in this area. Progress in expanding the model developed by the community empowerment programme has been rather slow, since collaboration and experience sharing on participatory approaches require time.

19. **Assessment of programme strategies: lessons learned.** The MTR found the country programme's overall mix of strategies appropriate, but also found that some projects should be modified to reflect the changes in the country situation and programming environment. Some of the original objectives were found to be overly ambitious and were reduced in scope. The MTR noted that the programme would need to ensure better geographic convergence; strengthen its monitoring and evaluation components; and apply a more integrated and coherent communication strategy.

20. During implementation of the healthy life skills project, the growing need to address a broad range of adolescent issues and to give special attention to girls became obvious. UNICEF worked with UNFPA in a complementary manner: UNFPA focused on reproductive health aspects while UNICEF focused on adolescent participation and empowerment. UNICEF has received substantial amounts of other resources to this end (see document E/ICEF/2000/P/L.42). The MTR confirmed that the project should promote gender equality, tolerance, conflict resolution, communication and leadership skills among adolescents; build a knowledge base on adolescents in the country; enable adolescents to participate in decisions affecting their lives; and support pilot livelihood interventions for young women in the areas covered by the community empowerment programme. The project was renamed "Empowering Youth", and will now be part of the child rights programme, instead of the MCH programme.

21. The MTR highlighted the need for greater attention to child protection issues, which are fast becoming a national priority. Accordingly, all interventions related to legislation, children with special needs and domestic violence have been consolidated into a project on protection, within the child rights programme. UNICEF will continue to support community-based rehabilitation activities within the community empowerment programme.

22. The six projects in the MCH programme were reduced to three. The first will continue support to sustaining and monitoring national health goals for children, and to improving the quality of health services in the context of IMCI and MIS. The second project, on nutrition, will continue to promote breastfeeding and combat micronutrient deficiencies. The third project will focus on smoking and adolescent health, and will be linked to the empowering youth project.

23. The education programme will continue to assist in improving the quality of education and early childhood care, but will give added attention to national policy dialogue and curriculum development. The better parenting project, now renamed "Early Childhood Care", will cooperate with the community empowerment programme in selecting communities for field interventions.

24. The MTR stressed that the selection of communities for the community empowerment programme should be based on clear criteria that benefit the most needy. To ensure sustainability, links between communities and government structures need to be strengthened, and UNICEF will need to continue its work with other partners in expanding this programme.

25. **Country programme management plan.** In 2000, a senior national professional post was abolished, and an international project officer post was created. Following the MTR, two professional posts were upgraded in order to strengthen the functions of communication, and monitoring and evaluation. From 1998 to 2000, the programme raised about $925,015, or about 95 per cent of its total ceiling for other resources. Key donors included the United Nations Fund for International Partnerships, the Government of the United States of America, and the United States Fund for UNICEF.

Iraq

26. UNICEF cooperation in Iraq over the past decade has been through a series of short-duration country programmes, with annual reviews and evaluations, but with no comprehensive long-term evaluation or review. In 2000, UNICEF and the Government undertook a major review of the past 10 years of cooperation, to assess the progress and challenges, and to use the lessons learned for future planning. The review's methodologies included desk reviews, participatory workshops and rapid assessments. Technical support was provided from the regional office, headquarters and the UNICEF office in Khartoum.

27. The programming environment in Iraq has been challenging: over the decade, IMR rose from 46 to 108 per 1,000 live births, and the proportion of underweight children rose from 9 to 21 per cent. During the same period, the nature of UNICEF support changed from emergency provision of supplies to one where UNICEF resources complement and supplement the oil-for-food programme (OFFP), established by Security Council resolution 986 of 14 April 1995. The OFFP lacks a

cash component for activities such as training, and UNICEF support in this area has been vital. The thrust of UNICEF-supported interventions has remained the same throughout: a focus on the needs of children and women in health, nutrition, water and sanitation, and primary education.

28. Overall, the country programme's contributions to efforts to arrest the decline and improve the situation of children and women have been substantial. UNICEF support to EPI and other national health programmes, through training, supply delivery and social mobilization, has been extremely important in a period of fluctuating and generally deteriorating health services. For instance, UNICEF health and nutrition interventions in northern Iraq in the pre-OFFP period were crucial and relevant because of the virtual collapse of the health system. UNICEF support, therefore, contributed substantially to the reduction in IMR from 63 to 58 per 1,000 live births in northern Iraq, and to the improvement of the nutritional status of children and women in that region. UNICEF was the sole supplier of EPI vaccines and cold-chain equipment in the pre-OFFP period, and has continued to be the largest supporter of EPI since 1991. OFFP-funded supplies for immunization have often not been received on time, and UNICEF has had to meet the needs on short notice. The fact that reported immunization coverage rates have remained close to or over 90 per cent has been a key achievement. In the area of nutrition, UNICEF supported supplementary therapeutic feeding programmes in hospital-based centres, and in 1996 started a new initiative with the Government to establish community-based and volunteer-run Community Child Care Units (CCCUs) for the screening and monitoring of malnourished children. The CCCUs have expanded rapidly across the country, to 2,580 units in the year 2000, screening 2.2 million children for malnutrition. UNICEF also supported a vitamin A supplementation programme linked to immunization activities. A 1997 study showed that some 80 per cent of infants were receiving vitamin A with the measles vaccine.

29. Education interventions included school rehabilitation and reconstruction, rehabilitation of the government chalk factory and of the Ministry of Education textbook printing press, and distribution of educational kits during the pre-OFFP period (1993 to 1996). This last was crucial in ensuring access to basic education for some 750,000 students in 1,200 primary schools, because the country was facing serious shortages of education supplies at the time. In the 1997-2000 period, rehabilitation of 277 schools benefited about 210,000 children, while rehabilitation of water and sanitation facilities in 1,100 schools benefited 840,000 children. UNICEF support to teacher training started in 1998, and to date some 1,600 supervisors and teachers have been trained. UNICEF also supported training and supply interventions to address the needs of disabled children, working children, children in orphanages and traumatized children.

30. In the area of water and environmental sanitation, in the pre-OFFP period UNICEF provided 15 per cent of total supplies needed nationally to disinfect water. It also provided sufficient equipment and spare parts to ensure a minimum level of systems operation for 12 million persons. After the establishment of the OFFP, UNICEF supported installation of equipment, training of operations and maintenance staff, and improvement of water quality monitoring. Over the past three and a half years alone, such strategies have enabled UNICEF to support the rehabilitation of more than 40 water and sewerage treatment plants, resulting in improved services for some 8.5 million persons. A sector study and an MIS

developed for overall management of the sector will enable the Government to do longer-term planning and make more effective use of resources.

31. The review cited some examples of successful advocacy and communication strategies. Salt iodization legislation was adopted only in 1996, but the consumption of iodized salt increased from 5 per cent in 1997 to an estimated 90 per cent in 2000. The polio NIDs are another example of success, with coverage rates of over 90 per cent. The number of polio cases has dropped from 186 in 1991 to 4 in 2000. Successful UNICEF surveys and studies, and subsequent dissemination of results, were instrumental in focusing the attention of the international community on the situation of children in Iraq.

32. **Constraints.** The challenges facing programme cooperation in Iraq are daunting and are mostly linked to the unique programming environment caused by the wars, their aftermath and the comprehensive economic sanctions. Supply operations for all programmes are cumbersome. Each supply request needs to be processed by the Office of the Iraq Programme in New York for clearance by the Security Council 661 Committee. Rehabilitation of social service systems continues to be a priority need, leaving limited scope for other kinds of development programming. Unreliability of support services, such as electricity supply, affects provision of social services. The cold-chain system at the primary health care level, for example, had to be changed to kerosene refrigerators, with UNICEF support.

33. Other challenges are linked to the nature of programme strategy. Low-cost technology options were often not considered because of a tradition of not having resource constraints. The emphasis on universal coverage of social service provision meant less attention to problems of equity. A vertically structured system, through which services and programmes are planned and implemented, left insufficient scope for cross-sectoral programming. Limited experience of community participation in the management of social services constrained efforts to improve ownership and sustainability. Collecting complete and accurate data for monitoring and evaluation was difficult, made all the more so by the emergency situation.

34. **Assessment of programme strategies: lessons learned.** The review found that while objectives and interventions were relevant to the situation of children and women in Iraq, the programme had adopted overly ambitious global goals, without taking into consideration the effects of war and economic sanctions. The unique nature of the situation prevented the UNICEF programme of cooperation from systematically pursuing a set of programme strategies over an extended period of time. Because of this, programmes have tended to focus on specific activities addressing immediate needs. For example, training, a key strategy employed by the programme, has never been planned systematically as a comprehensive strategy in itself, but has been limited to a support role for specific services and outputs.

35. Communication strategies were successful only in creating a demand for specific outputs, such as child immunization and growth monitoring. But campaigns have not been successful where behavioural changes have been promoted, such as in breastfeeding or hygiene practices. It was noted that an enabling policy environment was necessary for successful communication campaigns. For example, the support of policy makers for salt iodization and immunization contributed to the success of these two initiatives, whereas promotion of breastfeeding was limited by the lack of a policy to control the availability of infant formula on the market.

36. The review noted that, even allowing for the difficult country situation, programme monitoring and evaluation had generally been weak and would have to be strengthened. The review also recommended greater attention to the quality of services; a more comprehensive and strategic approach to training; the design of effective strategies to increase demand for services; and the implementation of low-cost strategies to enhance the coverage and impact of interventions. Future cooperation should give more attention to safe motherhood, adolescence, girls' education, integrated early childhood care and development, community care and rehabilitation of disabled children, and other aspects of child protection.

Major country programme evaluations

Early childhood care in Jordan

37. An external evaluator from the Caribbean Child Development Centre, University of the West Indies, undertook a formative evaluation of the better parenting project. The pilot phase of this project began in 1996. By 2000, the project had reached approximately 13,300 parents; 8 per cent of these were fathers. Impact evaluations during the pilot phase showed that parents gained considerable knowledge through the parental education sessions.

38. The present evaluation found continued high demand for the sessions. The training materials were found relevant and useful. Costs to UNICEF had been relatively modest (some $78,000 a year). The evaluation found it "remarkable" that nine disparate national bodies (governmental, non-governmental and community) and UNICEF had worked together closely for over two years to deliver results. Most partners felt that the project would continue, albeit on a more limited scale, even if UNICEF were to withdraw its support. The evaluation suggested modifications to improve the project, such as better guidance to the facilitators on methodologies; ways to motivate these facilitators; and measures to minimize disruption caused by the turnover of facilitators. It was recommended that an evaluation of impact on parents and children be conducted during the remaining part of the cycle.

Integrated child nutrition in the Islamic Republic of Iran

39. The country office in the Islamic Republic of Iran organized a systematic impact evaluation of an integrated nutrition project. The project, implemented from 1996 to 1999, aimed to reduce malnutrition among children in the rural areas of Ilam, Bardseer and Borazjan. The interventions included: growth monitoring and promotion; community education for health and nutrition; home gardening; education of mothers; community organization to improve access to food; income-generating activities; and improvement of health programmes and environmental health.

40. An evaluation by an external team conducted two rounds of data collection on control and intervention groups. In 1996, baseline data were collected on 3,326 children under the age of 3, selected through random sampling. The survey conducted anthropometric measurements and collected information on family food consumption and agricultural patterns. In 2000, another round of measurements found improvements in the intervention groups. From 1996 to 1999, stunting rates in

these groups showed a significant decrease (from 25 to 12 per cent in Ilam; from 41 to 13 per cent in Borazjan; and from 31 to 19.4 per cent in Bardseer). A significant decrease in the proportion of underweight children was also found in Borazjan (from 23 to 11 per cent). Comparison with control groups showed that these improvements in the intervention groups could be attributed to the project. The evaluation results validated the country programme's integrated approach to addressing malnutrition. The Ministry of Health has already allocated funding to enable all provinces to follow this model in at least one district.

Rural working girls in the Islamic Republic of Iran

41. The working rural girls project, one key element of the disparity reduction programme in the Islamic Republic of Iran, provides rural girls age 10 to 18 with basic education, life skills training and practical activities for income generation. Since a high proportion of these girls work, often under poor conditions, the project also aims to use education as a strategy to prevent child labour. The project expanded from 3,000 girls in 6 provinces in the school year 1999-2000, to 9,000 girls in 9 provinces in 2000-2001. UNICEF, in partnership with the Literacy Movement Organization, is working to have such strategies adopted at the national level.

42. An external team conducted a qualitative evaluation of the project. The team found that using interactive and participatory teaching methods had attracted and retained the girls, who remained enthusiastic despite a strenuous daily schedule. Parents were also supportive, since the project had not deprived families of work or income. Other factors contributing to the high demand were: the provision of meals and learning materials; the presence of experienced female instructors; and the curriculum's life skills and vocational training. However, the evaluation also found that the objective of decreasing the time spent in working under poor conditions was not being met. The girls came to classes, while also carrying out their other work: they simply learned to organize their time in such a way as to leave enough time for their education. It was also noted that the selection of villages, which had been based on the number of girls out of school, had not taken into account the presence of mainstream schools or of other literacy classes, which had led to some friction. The evaluation observed that ignoring boys out of school might create tensions in the family. Recommendations included extending the project to include deprived boys and peri-urban areas, and comparing the project's outcomes with those of other literacy programmes after one more year of implementation. UNICEF will take these findings into account in developing disparity reduction strategies with partners at the national level.

The area-based development project, Islamic Republic of Iran

43. The area-based development project, a demonstration project that began in 1998, sought to improve the status of children and women in deprived areas through integrated participatory community development. An NGO is the main collaborator in this project. Initial interventions supported by the project in 15 communities included: local capacity-building, participatory assessment and planning, development of local proposals, and provision of seed money from UNICEF for income-generating activities, with the condition that 20 per cent of the income

generated be used to improve the situation of women and children. Loans are made to men, but the women have to co-sign. UNICEF also provided books and supported community education on child care and development, vocational skills training, and measures to improve the local environment through sanitation, health education and provision of solar cookers.

44. A team of internal and external evaluators, who used participatory rural appraisal methods, conducted the evaluation. Findings indicate greater engagement of women, but participation levels equal to those of men had not been possible. The evaluation also found improved access to key resources, significant increase of income, increased community ownership of development, and increased partnerships among local groups. Constraints and weaknesses were also noted. Activity start-up had been slow, and project communities were overly dispersed and remote, as they had been selected based on need. Time and distance thus formed barriers to close monitoring and follow-up support, as well as to certain communities' access to markets for their products. Some respondents felt that too much importance had been given to income generation, and not enough attention to selection and training of animators. The turnover of government staff and the limited role of the Government were also constraints. Because of the magnitude of needs in communities, and UNICEF resource constraints, the evaluation noted that better linkages with government structures would be required for any expansion of the project.

Promotion of women in Morocco

45. Another view of community development is given by the qualitative evaluation of a project for women, part of an integrated area-based programme in the south of Morocco. Activities began at different times over the 1997-2000 period. The project covered a total of 54 communities, representing a population of about 27,000. Some 5,556 women were the direct beneficiaries. The project aimed to improve their well-being and situation through support to literacy classes, market gardening, cultivation of fruit trees, provision of improved stoves, and income-generating activities, such as livestock and poultry farming, bee-keeping and carpet making.

46. The evaluation found that about three fourths of interventions were successful and could continue without UNICEF support. In addition to extra income, important side benefits included improved organizational skills among women and more confidence in dealing with men. Where the project interventions had failed, it was because of the inappropriate choice of activities and the failure to take into account women's existing workload. For example, where new activities had been introduced, the women's daily schedule had simply not allowed the time to learn new skills. Livestock farming, which the communities were already familiar with, had a high rate of success. Other activities failed due to lack of marketing outlets, or due to the drought (for example, market gardening). The success of literacy activities was closely linked to the availability of suitable facilitators from the community. The evaluation found that the choice of project sites had not been based on clear criteria. In selection of beneficiaries, it was by no means clear that the poorest had benefited: in some cases, criteria set for receiving project assistance had been so rigorous that the most needy women had been excluded. Activities will now be reviewed and modified to contribute directly to the area-based programme's goals in the areas of health and education.

The use of studies and research

Education priority zones in Tunisia

47. UNICEF cooperation in Tunisia provides an example of how a study can be used not only as a baseline assessment for UNICEF programme cooperation, but also to influence national policies and strategies. In 2000, UNICEF and the Ministry of Education supported a study to identify and define education priority zones (zones d' éducation prioritaires, or ZEP) in Tunisia. In the first phase of the study, 24 indicators for primary schools (grades 1-6) and 18 indicators for intermediate schools (grades 7-9) were used to construct a composite index. Drop-out and repetition rates were among these indicators. The index was then used to rank all existing primary and intermediate schools, about 5,000 in total. These schools were next grouped into 10 categories in order of performance. The lowest three categories, comprising 696 primary schools and 104 intermediate schools, were defined as ZEP schools. The ZEP primary schools represent 11 per cent of the primary school population. They have higher repetition rates (26 per cent against a non-ZEP rate of 15 per cent) and higher drop-out rates (5 per cent compared to 2 per cent for non-ZEP schools).

48. In the second stage of the study, the characteristics of the ZEP schools, students, families and their socio-economic environment, and the factors leading to poor student performance were examined. Based on this, the study grouped the ZEP schools into five groups, each needing different interventions to improve student performance. Using experience from its rural schools project, UNICEF will now intervene in ZEP schools in three governorates, using strategies to address the factors that have been identified as leading to weak performance. Another outcome of this study is that the Government is developing strategies for intervention in the ZEP areas and schools. The World Bank and European Union are the main contributors to this government programme.

Conclusion

49. The Jordan MTR highlights the importance of being able to adjust the country programme to a changing environment and national priorities. It also demonstrates innovative ways of expanding into new areas and dealing with such issues as child protection and adolescent rights. The review of UNICEF cooperation in Iraq illustrates the various strategies used over a 10-year period to meet the most basic needs of children and women, and shows how UNICEF has used its resources to complement the oil-for-food programme. The evaluations from the Islamic Republic of Iran, Jordan and Morocco, and the study from Tunisia, provide vivid examples of how evaluation and research are being applied to UNICEF programmes of cooperation in the MENA region. As with previous reports from the region, this report shows the richness and diversity of UNICEF-assisted country programmes in MENA, and highlights the importance of country-specificity in translating global priorities into programmes for children and women in the field.